AW (07-03)

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

Declaration	
Submitted after Initial	
Filing (surcharge	
(37 CFR 1.16 (e))	
required)	

OCT 0 6 2003

Attorney Docket Number:	WIL-115US			
First Named Inventor:	William T. Wilkinson et al.			
COM	PLETE IF KNOWN			
Application Number:	10/611,763			
Filing Date:	July 1, 2003			
Art Unit:	Unknown			
Examiner Name:	Unknown	_		

I hereby declare that:							
Each inventor's residence, mailing a	iddress, and citizenship are a	s stated below next to th	eir name.				
I believe the inventor(s) named belo sought on the invention entitled:	w to be the original and first ir	nventor(s) of the subject	matter which is claimed	and for which	a patent is		
EXERCISE DEVICE FOR EXER	RCISING UPPER BODY SIMI	ULTANEOUSLY WITH I	OWER BODY EXERC	ISE			
		e of the Invention)					
the specification of which	(
is attached hereto							
OR					:		
was filed on (MM/DD/YYY	Y) <u>07/01/03</u> as United States	Application or PCT Inter	national Application Nur	mber <u>10/611,7</u>	63		
and was amended on (MM/DD/YYY identified specification, including the				he contents o	f the above		
I acknowledge the duty to disclose in applications, material information what filing date of the continuation-in-part	nich became available betwee						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)							
		-					

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint: ☑ Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here OR 31344						
Practitioner(s) named below: PATENT TRADEMARK OFFICE						
Name					Regis	stration Number
as my/our attorney(s) or age	nt(s) to	prosecute the application ic	dentified above	e, and t	o transact a	Il business in the United States
Patent and Trademark Office						
Direct all correspondence to: Practitioners Customer Number listed above; OR Correspondence Address Below						
Name: Rex A. Donnelly,	Ratner	Prestia				
Address: P.O. Box 1596						
City: Wilmington	City: Wilmington State: Delaware Zip: 19899			899		
Country: USA		Telephone: (302) 778-250	00		Fax: (30	02) 778-2600
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First	Inver	ntor:	☐ A Petition	n has be	een filed for	this unsigned inventor.
Given Name (firs	t and m	iddle (if any))			Family Nan	ne or Surname
Wi	lliam T.				Wil	kinson
Inventor's Signature William. T. William. Date: Date:					7-31-03 Date:	
Residence: City: Salem		State: New Jersey	sey Country: USA Citizenship: USA			Citizenship: USA
Mailing Address: P. O. Box 73						
City: Salem		State: NJ Zip: 08079 Country: USA			ntry: USA	
Additional inventors are listed on the next page.						

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Invent r:		A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))	Family Name or Surname			
Paul Michael		Theisen			
Inventor's Signature			Date:		
Residence: City: Waconia	State: Minnesota	Country: USA	Citizenship: USA		
Mailing Address:					
Mailing Address: 612 West 2 nd Street					
City: Waconia	State: MN	Zip: 55387	Country: USA		
Name of Third Inventor:		A Petition has been filed	d for this unsigned inventor.		
Given Name (first and middle (if any))	Family	Name or Surname		
Micah Tobias			Somers		
Inventor's Signature			Date:		
Residence: City: Minneapolis	State: Minnesota	Country: USA	Citizenship: USA		
Mailing Address:					
Mailing Address: 3116 17 th Avenue Sout	h #1				
City: Minneapolis	State: MN	Zip: 55406 Country: USA			
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))	Family Name or Surname			
Inventor's Signature			Date:		
Residence: City: State: Country		Country:	Citizenship:		
Mailing Address:					
Mailing Address:					
City:	State:	Zip: Country:			
Additional inventors are listed on	Supplemental She	eet(s).			

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	(Title	e of the Invention)			
the specification of which	(7700	o or are invertiblely			
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and was amended on (MM/DD/YYY identified specification, including the	Y) (if applicable). I her claims, as amended by any a	reby state that I have rev amendment specifically r	iewed and understand to eferred to above.	he contents of	f the above
I acknowledge the duty to disclose in applications, material information wh filing date of the continuation-in-part	nich became available betwee	o patentability as defined on the filing date of the pr	in 37 CFR 1.56, including ior application and the n	ng for continua ational or PC	ation-in-part T intemational
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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached?

Declaration/Power Of Attorney for Utility or Design Patent Application (c ntinu d)

I hereby appoint: Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here Practitioner(s) named below: 31344 PATENT TRADEMARK OFFICE						
ſ	Name				Regist	ration Number
				· · · · · ·		
į						
as m	y/our attorney(s) or agent(s) to nt and Trademark Office connect	prosecute the application id ed therewith.	lentified above	e, and to	o transact all	business in the United States
Direc	et all correspondence to:	Practitioners Customer N	lumber listed a	ıbove; (OR	
		Correspondence Address	Below			
Nam	e: Rex A. Donnelly, Ratne	rPrestia				
Addr	ess: P.O. Box 1596					
City:	Wilmington	State: Delaware			Zip: 198	99
Cour	ntry: USA	Telephone: (302) 778-250	00		Fax: (30	2) 778-2600
belie	eby declare that all statements many of are believed to be true; and function made are punishable by fine cardize the validity of the application.	ther that these statements we ir imprisonment, or both, und	ere made with ler 18 U.S.C. 1	the kno	wledge that	willful false statements and the
Nar	ne of Sole or First Inve	ntor:	☐ A Petition	n has be	een filed for	this unsigned inventor.
	Given Name (first and n	niddle (if any))			Family Nam	e or Surname
	William T.				Wilk	inson
Inve	ntor's Signature					Date:
Residence: City: Salem State: New Jersey			Country: US	SA.		Citizenship: USA
Mailing Address: P. O. Box 73						
City: Salem State: NJ Zip: 08079				Country: USA		
Additional inventors are listed on the next page.						

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name f Sec nd Invent r:		A Petition has been filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname			
Paul Michael			Theisen		
Inventor's Signature	n-Thazer	Date: 8-5-03			
Residence: City: Waconia	State: Minnesota	Country: USA	Citizenship: USA		
Mailing Address:					
Mailing Address: 612 West 2 nd Street					
City: Waconia	State: MN	Zip: 55387	Country: USA		
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Micah Tobias			Somers		
Inventor's Signature					
Residence: City: Minneapolis	State: Minnesota	Country: USA	Citizenship: USA		
Mailing Address:					
Mailing Address: 3116 17 th Avenue Sout	th #1				
City: Minneapolis	State: MN	Zip: 55407	Country: USA		
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Inventor's Signature			Date:		
Residence: City: State: Country:		Country:	Citizenship:		
Mailing Address:					
Mailing Address:					
City:	State:	Zip: Country:			
Additional inventors are listed on Supplemental Sheet(s).					